

cardiac sedative in that form of tachycardia so common in exophthalmic goitre. These two drugs will retain their supremacy because of their influence over the vital centres in the medulla, to which the various systems of the body look for support and encouragement.—*Therapeutic Gazette*, 1895, No. 5, p. 293.

THE TREATMENT OF CHLOROSIS.

DR. G. HAYEM prescribes rest, regulates the diet, and makes use of iron. Rest in bed is of the greatest importance and should be absolute in severe cases. This rest opposes the destruction of the red blood-corpuscles and checks a waste of iron, which is not compensated for by that absorbed. For this reason the patients are more easily cured in the hospitals than at home. Besides, rest in bed relieves the neurasthenia, calms the nervous irritability, regulates the digestive processes, and in abolishing the corset removes a frequent cause for dyspepsia. When patients again go about they should wear a flexible and elastic corset. Before prescribing iron it is necessary to relieve the dyspepsia. At first a milk-diet and underdone meat, later eggs and fish and green vegetables in soup and stewed fruits, may be added. Bread should be allowed only at the end of four or five weeks. Iron, either as the carbonate (Blaud's pills) or the oxalate, should be given at the beginning of the meal and hydrochloric acid a half-hour afterward.—*Journal des Praticiens*, 1895, No. 17, p. 265.

THE TREATMENT OF MALARIAL HÆMATURIA.

DRS. H. A. HARE and WILMER KRUSEN present the results of a collective investigation, based upon one hundred and seven replies to questions which were sent out, the area covered being that having a death-rate from malaria of 70 per cent. or over. Thirty-two remedies were used: the first six were calomel, tincture of ferric chloride, arsenic, ergot, turpentine, and sodium hyposulphite, each remedy being used by ten or more physicians. Calomel is used in from 5 to 50-grain doses and seems to be most in favor. Tincture of ferric chloride is used either alone or combined with arsenious acid or small doses of quinine. Arsenic is recommended in from 1 to 5-drop doses (Fowler's solution), the only caution stated is that the urine shall be clear. Sodium hyposulphite may be given in from 20 to 40 grains every three hours after thorough purgation with calomel. Ergot is regarded as a hæmostatic. Turpentine, in capsule, ten drops every three hours until the urine clears, and a turpentine liniment in the lumbar region, may arrest renal hemorrhage.—*Therapeutic Gazette*, 1895, No. 5, p. 291.

ANTI-TUBERCLE SERUM.

DR. PAUL PAQUIN believes that tuberculosis in the stage of lesions, particularly when pulmonary cavities, intestinal ulcers, or other such alterations exist, becomes a mixed infection, due to the introduction of various other pathogenic microbes, besides the bacillus of tuberculosis in the specific wound. The serum is prepared from horses which have been rendered more strongly refractory to the action of the bacillus of tuberculosis than they are

normally. To obtain this immunity proper toxins are used. The treatment is begun with the subcutaneous injection of ten drops in the back between the shoulder-blades. In a few days the dose is increased to twenty, and then by ten drops to sixty drops once a day. In a few instances one hundred and fifty drops have been injected every day for several days. No reaction follows, and the pain is no greater than after the usual injection of morphine. Horse blood-serum in its natural state is feebly antagonistic to the germs of tuberculosis, being too slow and requiring enormous quantities, but it can be made strongly antagonistic to these germs by proper treatment. If a horse is properly treated, three months may yield serum with immunizing power which will probably prove sufficient to arrest consumption in the first stages in three or four months and sometimes in less time, and in the second stage in four to six months.—*St. Louis Medical and Surgical Journal*, 1895, No. 651, p. 137.

MEDICINE.

UNDER THE CHARGE OF

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A UNIQUE CASE OF HYDATIDS OF THE LIVER.

At a recent meeting of the Medical Society of Victoria RYAN (*Australian Medical Journal*, vol. xvi., No. 11, p. 513) reported the case of a youth, seventeen years old, who presented enlargement of the liver, with distinct bulging in the region of the gall-bladder. There were also loss of flesh, jaundice, constipation, with clay-like stools, and discolored urine. In view of the gravity of the condition an exploratory operation was contemplated. As a preparatory step the patient was first purged and a large quantity of bile was passed in the stools, and with it a number of hydatid cysts as large as grapes. The patient at once improved and operative interference was for the time abstained from.

Some four months later symptoms similar to those previously present began to appear. Operation was again recommended, but, in view of the results obtained on a former occasion by free purgation, this was again resorted to, but found to exercise no beneficial effect. Accordingly, celiotomy was undertaken, the abdomen being opened by a vertical incision four inches long, some distance to the right of the abdominal line and over the most prominent part of the swelling. A portion of the anterior surface of the liver presented in the wound and appeared uniformly smooth and free from bulging or prominence. Careful exploration of the upper and lower surfaces of the liver and the adjacent regions was made with the hand, but no abnormality